

09/535,300

SERIAL NO.	09 535300	FILING DATE	3/24/03
APPLICANT(S)			

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						11-11-04 CLAIMS		11-11-04	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			1
5						55			1
6						56			1
7						57			1
8						58			1
9						59			1
10						60			1
11						61			1
12						62			2
13						63			1
14	1					64			1
15		1				65			1
16	1					66			1
17		1				67			3
18		1				68			3
19	1					69			3
20		1				70			3
21		1				71			3
22						72			3
23						73			3
24						74			3
25						75			1
26	3					76			1
27	3					77			1
28	1					78			1
29	1					79			1
30		1				80			3
31						81			1
32						82			1
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	7		4			TOTAL IND.			
TOTAL DEP.	26	↓	28	↓	↓	TOTAL DEP.			
TOTAL CLAIMS	33		32			TOTAL CLAIMS			43